



Level 1, 115 Scarborough St Southport QLD 4215

Essentia Health's Telehealth Consent Form

The purpose of this document is to obtain consent for Telehealth Services with clinicians at Essentia Health Pty Ltd. Telehealth service will be run by Essentia Health Pty Ltd (Level 1, 115 Scarborough Street Southport QLD 4215) and will be provided to clients through a Telehealth service. Telehealth service is the delivery of healthcare services when the therapist and client are not in the same physical location/site using various technology. This could include video sessions via telehealth software on a computer or tablet, or phone sessions.

Risks/Benefits of Telehealth Sessions

Generally speaking, the risks and benefits of telehealth are similar to those of in-person sessions. There are additional risks, however.

1. Although we will use secure platforms (e.g., Cliniko, Webex, and Zoom) with industry-standard encryption and security, there is no way to guarantee that this software is completely failure-proof. As with any technology, there is a chance of a security breach that would affect the privacy of personal information.
2. Since you will be completing sessions in your own home, we cannot guarantee the same level of privacy that you have when you are in our clinic. This means that you are responsible for making sure that you are in a private area where the chance of disruptions (e.g., others coming into the room or hearing what you say in another room) are minimised as much as possible.
3. In order to reduce risks to confidentiality, we suggest that all video or telephone sessions occur in a private room with no one else present and that you wear headphones to limit the possibility of other people overhearing confidential information.

Since this may be different than the type of sessions with which you are familiar, it is important that you understand, acknowledge, and agree to the following statements:

- You understand that you have undertaken to engage in a telehealth encounter for yourself that will contain personal identifying information as well as protected health information (these sessions will NOT be recorded).
- You understand that the clinician will be at a different location from you.
- You understand that you need to use a webcam or smartphone during the session.
- You understand that you have the right to withhold or withdraw your consent to the use of telehealth services at any time in the course of your care, without affecting your right to future care or treatment.
- You have been informed of and accept the potential risks associated with telehealth, such as failure of security protocols that may cause a breach of privacy of personal information.
- You understand that the laws that protect privacy and the confidentiality of information also apply to telehealth, and that no information obtained in the use of telehealth which identifies you will be disclosed to other entities without your consent or as may be allowed by law.
- You understand that billing for telehealth is the same as in person sessions.
- You have been given the opportunity to ask your clinician relative to your Telehealth encounter, security practices, technical specifications, and other related risks.



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You agree:

- To be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- To use a secure internet connection rather than public/free Wi-Fi.
- To be on time. If you need to cancel or change your tele-appointment, you must notify the Essentia Health team in advance by phone or email.
- To have a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- To contact your emergency contact and/or the closest emergency mental health service to your location, in the event of a crisis situation.

By signing this form, you certify:

- That you have read or had read and/or had this form explained to you;
- That you fully understand its contents including the risks and benefits of telehealth services;

and

- That you have been given ample opportunity to ask questions and that any questions have been answered to your satisfaction.

Signature of Participant

Date

Printed name of Participant

Signature of Essentia Health Clinician

Date

Printed name of Essentia Health Clinician